MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1	1				
3	1					
4	1					
5		2				
6		2				
7		(1)				
8		(1)				
9		(1)				
10		(1)				
11		(1)				
12						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	10					
TOTAL CLAIMS	13					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						